

M e m o r a n d u m

Date: March 6, 2009

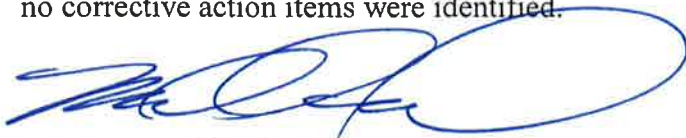
To: Coastal Division

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**
Templeton Area

File No.: 740.11186.13580

Subject: INFORMAL CHAPTER INSPECTION – TEMPLETON AREA

The attached report documents the Informal Chapter Twelve Inspection (Occupational Safety) conducted by Sergeant D. Hart, #13580, in the Templeton Area during the month of March 2009. The Occupational Safety Program is in compliance with departmental policy and no corrective action items were identified.



M. BAKIOS, Lieutenant
Commander

Attachments

Safety and Service

Department of California Highway Patrol
AREA MANAGEMENT EVALUATION
 Chapter 12
 OCCUPATIONAL SAFETY

Area
Templeton

Division
Coastal

Number

Evaluated By Sgt. D. Hart

Date 3-5-09

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed in the Summary Statement. The Summary Statement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Summary can be handwritten if desired.

Type of Evaluation

☐ Formal

☒ Informal


Suspense Date

Follow-up Required

☐ Yes ☒ No

☐ Correction Report

by _____



 Commander's Review

Date 3/6/09

1. GOALS AND ACCOMPLISHMENTS

Evaluated

☒

Action Required

☐

Corrected

☐

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Chapter 13?

☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy?

☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals?

☒ Yes ☐ No

(3) Are illnesses and non-serious/non-traumatic injuries excluded from occupational safety goals?

☒ Yes ☐ No

(4) Are goals appropriately categorized?

☒ Yes ☐ No

(5) Are goals realistic?

☒ Yes ☐ No

(6) Are goals consistent with departmental objectives?

☒ Yes ☐ No

(7) Is input from all levels considered before goals are established?

☒ Yes ☐ No

b. Are goals being accomplished?

☒ Yes ☐ No

(1) Accurate reporting on CHP 113?

☒ Yes ☐ No

(2) Are accidents increasing?

☐ Yes ☒ No

(3) Are injuries increasing?

☐ Yes ☒ No

(4) Why are they increasing/decreasing?

Accountability, oversight, and occupational safety discussions (training days & briefings).

(5) Is CHP 113 posted or readily accessible? (Accessible in CHP 113 files).

☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements?

☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment?

☒ Yes ☐ No

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2. PARTICIPATION	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>
a. Commander actively involved in program?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Commander active in injury/illness case management?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) What is the commander's attitude regarding occupational safety?			
The lieutenant is proactively involved in case management and oversight.			
(3) Occupational safety issues discussed at staff meetings and training days?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Do they have the appropriate attitude?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Are employees involved in their case management?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Are they aware of the command's achievements?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(8) Is employees' equipment properly used and maintained?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. ACCIDENT AND INJURY TRENDS	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>

a. Commander's method of identifying trends? Review of reports of injury/accident, training day discussions, and monitoring quarterly goal attainment.

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(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, OSHA 200 Log entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. What corrective action has the command taken when a trend has been identified?		
When trends are identified the issue is discussed during training days and briefings. In addition, the COSC discusses possible solutions to any identified problems.		
(1) Is commander, the managers, supervisors, actively implementing corrective actions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/> Corrected <input type="checkbox"/>
a. What is the composition of the COSC? Area commander, OSSI, Automotive technician, field supervisor, officer (all bargaining units are represented).		
(1) Is there representation from each collective bargaining unit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Management and supervisory representation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Command Safety Coordinator assigned?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Command Safety Coordinator active and effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are Committee assignments rotated?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC meetings held quarterly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are meetings held more frequently when goals are not being attained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Do all Committee members attend the meetings?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are roles and responsibilities defined in accordance with IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do Committee members understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is an agenda prepared prior to the meeting?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are departmental and Division Occupational Safety meeting minutes readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are these minutes utilized for Area meetings?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are assignments given during Area meetings? When necessary.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Minutes prepared for the COSC meeting?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Recording secretary appointed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Minutes posted on command's Occupational Safety Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Are minutes included in IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Minutes maintained current year, plus three?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Minutes forwarded through channels?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the COSC effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are COSC recommendations clear, concise and pertinent to the command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) COSC proactive to eliminate potential causes of accidents and injuries?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) COSC disseminate information/training regarding health and safety issues?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all personnel receive current information regarding health and safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are outside agency safety programs utilized as a resource?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
g. Does the command maintain an effective health/safety communications system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Potential hazards reported on CHP 113B?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/> Corrected <input type="checkbox"/>
a. STD 261s completed annually and filed in employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254 utilized to request driver's license record check and filed in the employee's field folder? (INF only for Initial hires, 27 checked annually).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. OSHA 200 Log utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year Log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(2) CHP 113s and attachments processed in timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
e. Does the command utilize the CHP 113A?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are semi-annual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) CHP 113A maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
f. Are unsafe conditions identified and documented on CHP 113B?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copy of CHP 113B filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
g. Are the CHP 121 series forms thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisory comments in-depth, clear and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208 form thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
6. INJURY AND ILLNESS PREVENTION PROGRAM	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

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(6) New employees review and complete CHP 712A?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(7) Are unsafe conditions identified, investigated, corrected and documented?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(8) Is required documentation maintained according to policy?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. COMMUNICATION WITH DOSH	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>	
a. Employees aware of procedures regarding DOSH inspections?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Command's documents available for review by DOSH Compliance Officer?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. HAZARDOUS SUBSTANCE PROGRAM	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>	
a. Does command have a written Hazardous Substance Program for substances used within that command?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Are hazardous substances identified and properly labeled?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Warning signs posted?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Material Safety Data Sheets readily available?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Employees receive training?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(5) Training documented?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>	
a. Activities identified within command that may require exposure to hazardous conditions?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Protective equipment provided per bargaining unit agreements?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Training documented?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
COMMENTS				